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AUTHOR Revenson, Tracey A.
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ABSTRACT

Ageism has taken its place beside sexism and racism not only in society but also in the arenas of social science research and policy. Survey data obtained from an extensive questionnaire published in three North American daily newspapers in 1980 from 2,026 adults, aged 18-90, were examined to debunk the myth of loneliness in old age. The data revealed that older people tended to be less lonely than their young or middle-aged counterparts. Older people who lived alone were no less satisfied with the quality of their social lives than those who lived with others. An expressed dissatisfaction with available relationships was a more powerful indicator of loneliness. A social-ecological approach to studying the socially defined problems of aging was supported. Because these problems have no single or simple cause, the findings suggest that the results should be studied using multiple levels of analysis and multiple perspectives in a lifespan framework, stressing the interplay between personal and environmental factors. (Author/JAC)

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Predictable Loneliness of Old Age: Dispelling the Myth*

Tracey A. Revenson

University of California-Irvine

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Predictable Loneliness of Old Age: Dispelling the Myth

Tracey A. Revenson

University of California-Irvine

Introduction

This paper raises and addresses a number of issues related to research and theory involving aged populations. As Kuhn (1962) suggests, we tend to develop scientific paradigms for studying phenomena that become not only widely accepted but even heralded as universal truth long before empirical support for them is conclusive. These paradigms then take on the qualities of myths. I believe that this has happened to a large degree in the field of social gerontology. Although I have chosen to focus on one particular social myth of aging to illustrate the danger in advancing and perpetuating such myths in our research, the issues raised are more general than specific and can be applied to a host of other research topics currently in vogue in social gerontological research.

Age-stereotyping

Age stereotypes and intolerance of old age have existed in American culture for a long time, even though Robert Butler, the initial and former director of the National Institute of Aging coined the term "ageism" as recently as 1969. To give one historical literary example, Jane Austen wrote in Emma in 1816: "The older a person grows, the more important it is that their manners should not be bad; the more glaring and disgusting any loudness, or coarseness or awkwardness becomes. What is passable in youth is detestable in later age" (p.24). From the scientific mold, these

views were documented much later. An early study done by Tuckman and Lorge in 1953 found graduate students to hold strong negative stereotypes of older people, despite the fact that they were enrolled in a course on the psychology of aging, and supposedly sympathetic to the subject! This phenomenon has been repeated in several studies of the adult American population (see, for example, McTavish, 1971), most recently in a national survey conducted for the National Council on Aging in 1975 (Harris & Associates, 1976) which is widely cited. Research documenting old-age stereotypes has demonstrated that old people are thought to be (among other things) conservative, inflexible, withdrawn, passive, dependent, religious, ugly, and suffering from a variety of physical and mental ailments (Butler, 1975).

Loneliness as a social problem

For a long time, loneliness has been viewed as a major problem of old age, and concern has increased because of the rising proportion of the population which is over age 65. According to the NCOA study, which sampled a representative group of 4000 American adults, loneliness was ranked fourth in a list of 12 problems faced by the elderly, preceded only by health, income, and crime (Harris & Associates, 1976). More importantly, the study revealed that although 60% of those under 65 considered loneliness to be a very serious problem of the elderly, only 12% of those over 65 say it really is.

Is loneliness to be expected with old age? Generalizations about old people are inevitable, but some have acquired the status of myths, standing in the way of accurate perceptions. With the growing number of older people living alone, journalists and the media often portray the elderly as socially isolated and overwhelmingly lonely, especially widows who, having outlived both their husbands and their industrial value,

supposedly pine away in isolation until they die (Gordon, 1976). The elderly themselves are as vulnerable as younger people to believing these negative stereotypes; as one clinician wrote, "Old age is fertile soil for loneliness and the fear of a lonely old age far outweighs the fear of death in the thinking of many older people (Moustakas, 1961).

By comparison with the young and middle-aged, the old are more vulnerable to a variety of physical and social losses. There is a greater likelihood of becoming widowed or chronically ill, or of suffering from minor yet physically limiting health problems. Retirement and relocation, both on-time events of normal aging (Neugarten, 1979) often bring with them changes in social networks. All of these factors can -- but do not universally -- lead to increased social isolation and loneliness.

How much truth is there to this loneliness stereotype of old people, and why has it (and others like it) persisted, despite research evidence which suggests these images of aging and the aged are based more on myth than reality? To illustrate how our contemporary conceptions of loneliness in old age are incongruent with research evidence, I will focus primarily on data from a national survey of loneliness conducted by one of my colleagues at New York University, Jeff Johnson, which he and I have since analyzed in terms of developing a life-span developmental theory of loneliness (Johnson & Revenson, Note 1). I will then examine some of the reasons why the loneliness myth prevails in both the popular and academic cultures and why it is so difficult to debunk. Finally, I will offer suggestions as to future research directions and their application to policy in this area.

The Loneliness Study

Briefly, the data were obtained from an extensive questionnaire published in three North American daily newspapers in 1980. 2026 adults completed

usable questionnaires, and a broad age range -- 18 to 89 -- was represented. Although most research has used a single-item frequency measure of loneliness, this study used an eight-item scale developed by Carin Rubenstein and Phil Shaver (the NYU Loneliness Scale, Rubenstein, 1979), which directly addresses the intensity of current loneliness, self-labelling as a lonely person, and comparisons with one's age peers as well as the frequency of the experience.

Perhaps the most striking finding was that older respondents were much less lonely than younger or middle-aged respondents. An analysis of variance directed at comparing levels of loneliness for seven standard age groups showed that, except for the fact that those aged 45 to 54 had higher scores than those aged 35 to 44, there was a linear decrease in loneliness with age (see Revenson & Johnson, Note 2). This decrease remained stable and statistically significant when men and women were analyzed separately, and when those living alone vs. those living with others were analyzed as separate groups.

Returning to the gerontological literature, I was surprised to find that this was by no means the first time that this finding had occurred. Twenty years ago, in a study of social integration in retirement housing, Rosow (1962) concluded that "only a minority of old people are lonely". Shanas and her associates' (1968) extensive cross-cultural study of old people in Denmark, Great Britain, and the United States also reached the conclusion that the vulnerability of old people to loneliness has been exaggerated. In their U.S. sample (N=2417), 70% of those over 65 reported they "never" or "rarely" felt lonely ; 21% said they "sometimes" felt lonely, while only 9% responded they "often" felt lonely. Kivett (1979) reports similar findings in a study focused on rural elderly: 42.6% reported "never" feeling lonely, 41.8%

reported feeling "sometimes" lonely, and 15.5% were "often" lonely. A recent study of the very old Swedish aged -- over 70 -- found loneliness to be a problem for only 27.7% of the sample (70.1% "never"; 11.2% "rarely"; 12.2% "sometimes"; and 6.5% "often"; Berg, Mellstrom, Persson, & Svanborg, 1981). Two studies which have compared loneliness prevalence rates for different age groups have produced similar findings to ours. Although their study did not include individuals over 65, Lowenthal and her associates' (1975) investigation of the stages of adult life revealed that the youngest subjects (recent high school graduates) were the loneliest, and that there was a decrease in reported loneliness through pre-retirement age. And in the prototypical newspaper survey by Rubenstein (1979), the same linear decrease with age was observed in five U.S. cities.

Thus, the evidence linking old age with loneliness is thin at best. Yet the myth persists. What kinds of explanations can account for its stronghold in both the popular media and the rationales guiding research?

"Successful aging" and the focus on decline

The perspective of old age as a stage of life entailing change, challenge, and opportunities for personal growth is relatively new. For example, studies of human attachment and intimacy have focused for the most part on the early stages of the life cycle, particularly infancy. Only recently has a life-span theory of attachment been proposed, which indicates that intimacy and the need for reciprocity in relationships continue through very old age (see, for example, Kalish & Knudtson, 1976; Lerner & Kyff, 1978; Lowenthal & Robinson, 1976; Antonucci & Beals, Note 3).

The traditional view of aging followed (as many of our conceptions of social problems do) the medical or desease model -- that physical and mental decline are expectable, natural concommitants of growing old.

(Some early theories of aging even held the belief that old age was a disease which if not contracted would insure immortality [Korenchevsky, 1950]). Fostering this perspective is the fact that physicians and social service providers see old people mainly when they are ill or impoverished, biasing their conceptions of aging in that direction. The association between the onset of chronological old age and the increased incidence of physical illness, particularly chronic or disabling medical conditions, is amply documented, but by no means perfect.

Unfortunately, social gerontologists also adapted this disease or decline model as the governing framework for their work. For the past half century or so, research on the problems of the aged has focused largely on the individual's ability to adjust (or rather, failure to adjust) to his or her environmental circumstances. One of the major theories of social gerontology, which has since lost favor, but which contributed substantially to the view of expectable loneliness in old age, is that of the "disengagement theory" proposed by Cumming and Henry (1961). They suggested, and provided one study's worth of data, that the aging process consisted of "an inevitable mutual withdrawal or disengagement" between old people and their social environments. A decline in the number of social roles one held (and consequently, available social networks), in the frequency of social interaction, and in the variety of social roles possible, all in conjunction with decreased physical mobility and increased sensory loss were thought to be natural aspects of the aging process. A wealth of studies proceeded to either revise or squash this notion, most under the guise of "activity theory", which became the new approach to "successful aging". Implicit in activity theory, however, is the same concept of inevitable decline: Activity theory postulated that maintaining the social roles

and activities from the mid-life years into old age was related to greater life satisfaction and happiness (e.g., Lemon, Bengston, & Peterson, 1972).

At first these approaches appear to be fruitful ones to study the psychosocial processes of aging, for they are, at least, theory-based and related to the research findings in the physiological aging literature. However, these theories ignore the wide range of variability that exists among older people. Because of their long and varied life experiences, older people, as a group, are more heterogeneous than young people, and hence, their behavior is less predictable by a small and finite set of factors.

Integral to the paradigm of "successful aging" is another unifying theme: aging is something that happens to individuals, apart from the social forces which exist. This tendency to "blame the victim" (Ryan, 1971) pervades much of the gerontological research and the design of interventions: that is, the problems of the aged are attributed to the characteristics of aged people. With few exceptions have theories of aging focused on the contributions of situational variables to behavior, or on the interaction between personality and environmental variables (see Lawton & Nahemow, 1973, for a notable exception). More importantly, one must remember that whichever paradigm was in vogue at the time influenced all disciplines of gerontological research, service delivery and patient care in medical and psychiatric settings, design of living environments, and even the daily interpersonal behavior between individuals of different age cohorts.

Debunking the myth of loneliness in late life: Empirical evidence

Unsuccessful aging is defined by, among other things, loneliness. The emphasis on loneliness stems in part from culturally-based assumptions that social integration is necessary for both the maintenance of the social

structure (Durkheim, 1951), and the emotional well-being of individuals (Larson, 1978; Palmore & Luikart, 1972). Indeed, a wealth of recent research efforts have touted the stress-buffering qualities of social relationships in relation to a variety of life crises (Gottlieb, 1981) and satisfying social relationships have been shown to be effective buffers against the role losses attributed to the aging process (e.g., Lowenthal & Haven, 1968). Consequently, a central implied theme in research pertaining to well-being in late life is that loneliness, caused by the absence or destruction of social relationships, leads to negative health consequences, and, is thus defined as a social problem.

We must remember, however, that social problems become so only by their definition as social problems by the dominant forces in a society (Estes, 1979; Levin & Levin, 1980). As Estes writes,

> The major problems faced by the elderly in the United States are, in large measure, ones that are socially constructed as a result of our conceptions of aging and the aged. What is done for and about the elderly, as well as what we know about them, including knowledge gained from research, are products of our conceptions of aging. In an important sense, then, the major problems faced by the elderly are the ones we create for them (Estes, 1979, p. 1).

The emergence of the loneliness of old age as a social problem has its roots in the technological and medical advances of the past half century. Life expectancy has increased dramatically, and with it the proportion of older people in the next few decades. Early results of the 1980 Census indicate that there were approximately 25.5 million people over 65 in 1980 (11% of the total population), a 50% increase over the 16.7 millions elders in 1960 (Siegel & Taeuber, 1982). This growth in the number of older people and the change in composition of our population suggests fundamental changes in the age, sex, and economic structure of our country and the need for accompanying social and political changes.

Other demographic changes, as well, have served to perpetuate the myth of loneliness. Earlier marriage, fewer children, children becoming independent at an earlier age, and increased rates of family breakdown and divorce all combine to suggest that the ties between older people and their families have weakened. Empirical evidence, however, casts doubt on the notion that old people, as a group, are severely isolated from family and friends (e.g., Lowenthal & Robinson, 1976; Shanas, Townsend, Wedderburn, Friis, Milhøj, & Stehouwer, 1968). Shanas (1979) found that most elders live in close proximity to at least one of their children or other relatives, and had seen at least one of these people within the past two days. Fisher and Phillips, too, (1982) found only 8% of older men and 15% of older women to be severly isolated from their families. Thus, research indicates that most people do have some regular family contact and the "alienation myth" (Shanas, 1979) is just that.

Although older people are more likely to live alone, there is little empirical support for the claim that living alone in old age is related to increased loneliness. According to the definitions of successful aging it is assumed that the amount of time spent with others, the number of social activities one participates in, and the number of social roles one fills are reflections of the degree to which an older person is lonely. Yet, Heltsley and Powers (1975) found that some older people who had substantial amounts of contact with others still experienced feelings of loneliness, while other elders with minimal social contacts did not feel lonely at all. Although single older persons are more objectively isolated than married ones, they have not been shown to be more lonely (Gubrim, 1975; Townsend, 1968; Tunstall, 1966). In fact, only 40% of the most isolated people in Townsend's study of British elderly reported feeling lonely.

The error in equating living alone with loneliness is in assuming that people who live alone are socially isolated. For the elders in our study, for instance, this was not the case. Living alone, expectably, was strongly related to marital status, with never-married, widowed, and divorced respondents more likely to live alone than married respondents. Living alone, however, was related to only one of seven variables describing the individual's social environment: Those elders who lived alone were less likely to name someone as a confidant, but reported having no fewer friends and no fewer relatives they could count on for help, and were no less satisfied with the number of close friends they had, the quality of those friendships nor the quality of their social lives than older people who lived with others.

In contrast, all the social network indicators were strongly and significantly related to loneliness for older people. The loneliest elders reported having few close friends and relatives they could count on and were less likely to have a confidant. A more powerful indicator of loneliness, however, was an expressed dissatisfaction with available relationships; correlations between loneliness and the variables measuring satisfaction with social relationships were much stronger than those between loneliness and variables describing numbers of people in the respondent's social network.

In a similar vein, the desolation hypothesis proposes that a change in social relationships is the major cause of loneliness in old age (Gubrium, 1975; Townsend, 1968). "Rather than a certain level of isolation per se, the argument is really one about the effects of changes in life-span isolation, i.e., the impact of persons becoming desolated in old age" (Gubrium, 1975, p. 31). Consistent evidence shows that widowed adults, particularly the recently widowed, report greater loneliness and depression and less social contact than their married cohort across the lifespan (e.g., Berardo, 1970; Berg et al., 1981; Kivett, 1979; Lopata, 1969; Perlman, Gerson,

& Spinner, 1978). In one study by Gubrium (1975) never-married elders were more isolated than the widowed or divorced, but reported lower levels of loneliness, and more closely resembled their married age-peers in loneliness.

Our data, too, confirm this. An analysis of variance combining the widowed, separated, and divorced elders into a single group indicated that the desolated were slightly more lonely than either married or never-married older people (although this trend was not statistically significant). The never-married were lonelier than the married but less lonely than the desolated.

The desolation hypothesis also proposes that loneliness should be greater among those who have more recently suffered the loss of an intimate attachment. When we divided the sample into those who had lost their spouse or ended their marriage within the past two years, and those who had lost their spouse longer than two years ago (this division based on the criteria for "normal mourning", e.g. Glick, Weiss, & Parkes, 1974), a clear recency effect was obtained for loneliness: those who had more recently lost their spouse were lonelier.

Where do we go from here?

What do the findings of these studies tell us about loneliness in late life? On the one hand, they tell us that the popular notion that old people are lonely is a dangerous blanket statement which has yet to be substantiated by lifespan developmental theories or research. As the findings on living alone and on marital desolation show, it is imperative to consider contextual variables in assessing the prevalence of loneliness. Yet this myth has stuck in our minds as a prominent feature of old age, even given the acknowledged heterogeneity among older persons in lifestyle, health, personality, and cultural heritage.

On the other hand, the findings raise more questions than they answer and urge us to go beyond social myth in our research. They urge us to

investigate in more depth the social, economic, and emotional factors which may be linked to loneliness and which may be amenable to therapeutic intervention. The results of our study and of others' suggest that loneliness changes not simply in prevalence with increasing age but in definition and meaning. Differential expectations for social relationships, both immediate and long-range, at various stages of the life span may be a strong explanatory factor of age differences in loneliness. Older and younger people may use very different yardsticks to evaluate their social lives. Although younger people may have more opportunities for social and intimate relationships, they may also have high (and often unattainable) expectations for those relationships, and thus, feel lonelier because those expectations are not met. In Rubenstein's (1979) survey, young adults rated having a spouse or love relationship as much more important than did respondents over 65, and many more of the young people cited "being unattached" as the cause of their loneliness.

Given the somewhat expectable physical changes of aging, a more limited set of age peers to socialize with, and a more limited period of time in which to develop new meaningful relationships, older persons may have more realistic expectations for their current and future relationships. They may have experienced enough losses over their lifetime to have acquired a greater equanimity over them. They may anticipate the loss of a spouse, confidant, or colleaguial relationship and thus, cope with it more successfully than younger people when it does occur, even though such losses are clearly related to feelings of loneliness. In Neugarten's terms, these are "on-time" events in the life cycle. Further, as suggested by Blau (1981), the shared loss experiences by other older people may lessen their impact and provide additional coping resources; for example, older widowed people may feel less lonely

than young widows because many of their age peers are also widowed.

A social-ecological perspective

As the "successful aging" paradigms have engendered discontent among the academic community, the quest for a broader perspective on the processes of aging becomes imminent. Many of the problems of old age are not in themselves directly attributable to biological aging, but to age-related life transitions which frequently occur in later life, such as widowhood. This distinction is important because it suggests more focused loci for targeting interventions.

A social-ecological approach to aging calls for a closer look at the reciprocal relationship between biological and psychological aging processes and the social environment. A social ecological approach requires the collection of data on both older persons and their social and physical environments. Although more and more gerontological research is taking notice of situational and social influences on development and behavior, contextual analyses have not yet received the attention they deserve (cf. Stokols, 1982).

Specifically, because the so-called problems of aging have no single or simple cause, it is necessary to approach them through multiple levels of analysis, from a multi-disciplinary perspective, in a life-span framework, stressing the interplay between personal and environmental factors. It is impossible to understand the processes of aging without consideration of the connections between aging on the biological and psychological (cognitive) levels and the social or cultural milieu. Only by acknowledging these different sets of variables and their interaction will we be able to tear ourselves free from the focus on decline, and the tendency to treat all members of a particular age category as if they were nearly identical. Further, by being a process rather than a static model, a social-ecological perspective focuses on change rather than continuity. To study aging is to study change, yet

the dynamics of change have been neglected in much aging research.

One landmark effort to develop a social-ecological framework is Lawton and Nahemow's (1973) model of adaption and aging. In attempting to account for the diversity in adaptive behavior and affect levels among elders in a particular setting, the model considers (and measures!) multidimensional levels of individual competence (e.g., biological health, mobility) and the environmental press or demands incumbent upon each individual. Mediating this person-environment transaction are personality and cognition. Adaptation then, is the ability of the person to cope with the particular level and nature of the environmental demands. The intersection of these two phenomena defines whether the individual is functioning at his or her "maximum performance potential" (at one extreme) or exhibiting maladaptive behavior (at the other). What distinguishes this model from the "successful aging" conception is its emphasis on person-environment transactions and on the fact that successful adjustment is defined apart from age-group specific norms; it is dependent, instead, on the individual's abilities as they related to specific contextual demands.

Difficulties in debunking the myths of aging

Myths of aging persist, despite the number of empirical efforts disproving their existence. A few of the factors which sustain their life will be discussed here briefly.

1. Distrust in the quality of the data. Moreso than with other populations, when data on older populations are presented, the quality of the data is carefully considered. Such data are, of course, subject to the same sampling errors and response set biases as data of any age group are. However, because of the tendency of older people to deny negative feeling states to a greater extent (c.f., Lawton, 1977) and the possible invalidation of responses due to impaired cognitive ability, many more caveats are placed on "older" data.

Thus, no matter how refined the measurement nor how great the pains taken to find a representative sample, the reliability and validity of the results are always in question. Linked with this is the everpresent issue of whether some effect is part of a developmental process or simply reflects cohort differences; since strategies to deal with this have been suggested elsewhere (c.f., Baltes, Reese, & Nesselroade, 1977) I will not discuss them here.

2. Disparity in the definition of what is old. There is no clearcut distinction as to what makes "old". Many studies (including mine) have defined a cutoff at age 65, based on the old Social Security laws, and few have many subjects over that cutoff. Many studies define persons aged 55 and older as old. Moreover, few studies have had sample sizes large enough to distinguish between the young-old and the old-old (Neugarten, 1975). We know very little about what very old age is like, save for a few recent anecdotal accounts which are beginning to give us -- in Malcom Cowley's words -- some insight into "the view from 80" (Blythe, 1979; Cowley, 1980; Meyerhoff, 1978).

3. Need to maintain the status of the elderly as a minority group. To help explain the relationship between older people and the rest of society, Rose (1965) proposed the theory of the aged as a subculture, with its own values and interaction. This theory has been used to justify, among other things, the development of age-segregated retirement housing. In a "socially acceptable" way it allows us (the "rest of society") to maintain our social distance from the elderly, on the pretense that is is really better for them and that is how they want it. This and other minority-group conceptions help us to define our treatment of members of a group in particular ways, and to maintain them in a subordinate position. On a psychological level, because in our

culture old age is associated with death, and since we all fear death, there is a strong avoidance towards those closer in time to that unacceptable fate. On an economic level, the rationale that older people are unproductive workers after 62 or 65 and must be retired serves to achieve a desirable turnover rate in the work force, allowing entry of the young, and maintaining the current work structure. On a social level, ageism allows an existing power base to predominate, free from the threats of outsiders who may acquire possessions, services, or status of those in power.

4. Media coverage. Popular culture serves to reflect the values and stereotypes held by the culture; it also, intentionally or unintentionally, perpetrates them. Of particular concern to gerontologists has been the images of aging and the aged in television, cartoons, and newspaper coverage. Although one recent study (Buchholz & Bynum, 1982) indicated that the elderly are not presented as negatively and passively in newspaper coverage as they were 10 years ago, do the pictures and images we receive accurately tell people what to expect as they grow older?

Recommendations for Research

In attempting to debunk the loneliness myth (and other myths of aging) we first need to stop and think: Are we asking the right questions? Many of the early questions tended to focus on delineating characteristics of old people as if they possessed one constellation of personality traits or one role in society. More recent research has demonstrated that there are many different personality styles and modes of adaption to physical and sensory declines (e.g., Neugarten, Havighurst, & Tobin, 1968; Reichard, Livson, &

Peterson, 1962). The entrenched assumptions of gerontological research have limited the types of questions gerontologists are willing to ask. Some questions we should be asking ourselves are: What are our purposes in attempting to measure loneliness in older populations? Are there consistent age-related changes in loneliness? To what extent are these changes reflective of age-related social conditions, such as widowhood, lowered income, or poorer quality housing vs. natural sequelae of inherent biological processes? Although the well-being of the elderly has become the subject of great concern recently, the issue of loneliness is really a lifespan one. There is considerable evidence that there is no sharp discontinuity of personality with age, although it is shaped by the situational life events which occur. To what extent does loneliness in late life reflect lifetime attitudes in forming and maintaining relationships? Can involvements in one type of relationship compensate for losses in another? Do past attachments continue to have symbolic significance, and can non-human attachments, such as pets and religion, contribute beneficial socioemotional provisions? What types of social environments can we create for older people which fill their social needs and not our preconceptions of them? In short, the field is ready to be tilled.

"Helping" the Aged

One of the mandates of the 1981 White House Conference on Aging was "to mount an education program for the general public to combat the deleterious effects of negative sterotypes about aging and the aged" (Johnson, 1982, p. 126). There are two possible routes to this goal: One is to treat the symptoms of the social problem by educating, socializing or changing the characteristics of the individual -- in essence, to help the older person cope more effectively in what is now a hostile environment and compensate for his or her "inadequacies". This route, obviously, adheres to the aging as

decline paradigm. The alternate route is to determine what demographic, social, and economic factors foster our defined social problems of the elderly -- e.g., social isolation, substandard housing, poverty -- and then develop legislative and societal-level interventions to change those antecedent social forces.

It is obvious which route I favor. That is not to say, however, that the more individually-oriented services provided to the elderly do not have the potential to improve the quality of life for today's elders; in many cases they have. But they do nothing to redefine the conception of these social problems as societally-and not individually-caused -- a gruesome thought for the growing proportion of the population who will be elderly in the next several decades.

Conclusions

So many of our present efforts in gerontology seem to be aimed at setting the record straight, so to speak -- to refute those popular myths or even the early theories about aging which are not substantiated in fact. The realization that aging in America does not have to be the way it currently is offers a justification for interceding in what is often conceived of as a predetermined, inevitable process of biological and social decline.

The persistence of social myths of aging are detrimental to the self-esteem of the people they describe. Acceptance of negative stereotypes about the aged is not confined to younger persons; on the contrary, ageism seems to crosscut age, social class, and regional boundaries. And in the worst possible instance, the elder comes to accept the prevailing negative stereotypes and act in accordance with them.

More importantly, these myths widely influence government and private sector policy on aged people. For instance, the disengagement theory discussed earlier and the emphasis on cognitive and intellectural decline in

research had a profound impact on mandatory retirement legislation (Estes, 1979), and although this theory was strongly questioned and even dismissed as inexact years ago, it remains salient in the minds of policymakers. The danger lies in that as these social constructions of aging persist, they are likely to become reality in our minds.

I have raised many questions today and answered very few. Careful consideration of the issues is critical if we are to understand the complex nature of the complex processes of aging. We must strike a balance of designating the elderly as a special needs group, in order to provide the physical and mental health and social services which some may require, and letting that designation lead to unnecessary and potentially harmful stereotyping and discrimination.

As for the one particular myth I have studied -- clearly, loneliness is not endemic to old age. Much research and media attention has focused on the frail and impoverished elderly, thus biasing the stereotype in that direction. The healthy and alert elderly, who comprise a large proportion of older people have not received as much public attention and provide fodder for the contention that predictable loneliness in old age is a myth and that a large proportion of older people are not lonely. To present only portraits of old people who are isolated and severely lonely is to present a false picture of aging.

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